

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009409

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 475

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri,</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamay</u>		c. CITY OR TOWN <u>St. Louis,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital,</u>		d. STREET ADDRESS (If outside, give location) <u>3539 Bingham Ave.,</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Matthew Schriner</u>		4. DATE OF DEATH Month Day Year <u>February 6, 1962</u>	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White,</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/10/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch, Inc</u>	
11a. FATHER'S NAME <u>John Schriner</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>180X</u>	
17. INFORMANT <u>Mrs. Amelia Dudenhoeffer, 705 Dallas Dr.,</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Schriner, (deceased).</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF KIDNEY</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>WITH REGIONAL PARAAORTIC</u> DUE TO (c) <u>NODE + ADRENAL METASTASES</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>180X</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>JAN 30, 1962</u> to <u>PRESENT</u> and last saw her alive on <u>FEBRUARY 5</u> Death occurred at <u>5:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William Burmeister M.D.</u> (Degree or title)		22b. ADDRESS <u>634 N. Grand</u>	
22c. DATE SIGNED <u>2/7/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>	
23b. DATE <u>2/8/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri,</u>		23e. DATE RECD. BY LOCAL REG. <u>2-7-62</u>	
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u>		25. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	
ADDRESS <u>2842 Meramec St.,</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	
City, State, and Zip <u>St. Louis, 18, Mo. 63103</u>		27. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Perry
4249

Licensed Embalmer No. _____

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.